

Region One DBHDD Planning Board
705 North Division Street
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Rome, GA 30165

2013 ANNUAL PLAN

Chairperson:
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1. EXECUTIVE SUMMARY

In May 2010 the Department of Behavioral Health and Developmental Disabilities, (DBHDD) Board approved the recommendations of realigning the state's regional structure from five regions to six. The configuration of Region One with 31 counties became effective July 1, 2010. The purpose of the realignment was to bring better coordination, planning, and accountability to the community providers, hospitals and regional offices. With this structure, stakeholders will have a clear picture of the progress toward developing an effective community based system of care as measured by the use of hospital beds. This change resulted in the region's population going from 1.9 million people to 2.5 million. Potential membership on the Planning Board went from 35 members to 55 members. The region has a mixture of highly populated urban areas such as Cobb County with approximately 800,000 people to many rural counties with less than 30,000 people.

In October 2010, the State of Georgia entered into a settlement with the Department of Justice to make dramatic improvements and changes to the state's mental health and developmental disabilities system. For Region One, this will allow for the development of new services in the community such as Assertive Community Treatment (ACT), and expansion of other services such as housing, supported employment, and crisis stabilization units. With these added programs there will be less reliance on the use of the State Hospital in Rome. The entire service configuration for the people with developmental disabilities will be community based.

DBHDD utilizes Regional Planning Boards to develop annual plans, to identify service needs and to specify service priorities for its area of the state. Local needs for Region One's 31 counties were assessed based upon feedback received from participants and families; input from providers; information from other social services agencies, and community stakeholders such as juvenile court judges, law enforcement, probate judges, county commissioners, survey data, and the demographics of the region.

The Planning Board focuses its long-range priorities on the need for services that are more accessible, responsive, flexible, and accountable in order to prevent out-of-home placements and unnecessary use of "high cost" programs. To assist with this focus, it is necessary for there to be closer involvement with other public agencies such as local school systems, Department of Family and Children Services (DFACS), Department of Juvenile Justice (DJJ) and law enforcement to prevent eligible consumers from "falling through the cracks" and to better coordinate available resources, especially children and adolescents with serious emotional disturbance or addictive diseases.

There are over 24,000 adults enrolled in community based mental health programs and other 6,200 adults with addictive diseases enrolled in programs funded through the Region One office. In addition, there are over 1,600 people from the Region who are admitted each year to State Hospitals. The vast majority of these hospital admissions have less than ten days of inpatient treatment. There are over 2,300 individuals with developmental disabilities receiving services in community based programs. There are approximately another 750 individuals with DD who are on the short term planning list awaiting funds to receive needed services. There are approximately 6,500 children and adolescents enrolled in programs for Severe Emotional Disturbance and over 500 adolescents enrolled in programs for substance abuse.

The Planning Board has identified many gaps in services that need addressing. The priority needs for Region One which are recommended in the 2013 Annual Plan are:

1. Resource coordination, access and oversight to services.
2. As State Hospitals downsize, more community residential and respite options are needed for eligible participants with challenging behaviors and/or personal care needs.
3. Affordable, timely, and available transportation.
4. Increase access to Psychiatric/ Psychological and medical services.
5. Develop and/or increase Intensive Outpatient Services or other evidenced based programs such as Assertive Community treatment (ACT), Case Management and Community Support Teams for high utilizers of state funded services.

By closing these service gaps, it is expected that more people will be able to remain in their community, there will be less use of in-patient facilities, and the health and quality of life will improve.

The 2013 Annual Plan reflects the Planning Board's commitment to "listen to its customers" and to help improve services for the targeted populations.

2. REGION ONE DBHDD PLANNING BOARD MEMBERSHIP

Members of the Region One Planning Board as of January, 2011 are:

<u>County</u>	<u>Board Members</u>
Banks	Ms. Donna Gailey
Bartow	Mr. William Cantrell & Dr. Robert Poston, Ph.D.
Catoosa	Ms. Vanita Hullender & 1 vacancy
Chattooga	Ms. Betty Brady
Cherokee	Ms. Irene Butcher & Mr. Kirby Pruett
Cobb	14 vacancies
Dade	Mr. Thomas Black
Dawson	Ms. Val Dodson
Douglas	Ms. Ginny Pavey
Fannin	Mr. Mark Parris
Floyd	Rev. Warren Jones & Ms. Sheila May
Forsyth	Ms. Faye Taylor & 2 vacancies
Franklin	Ms. Teresa Bruce
Gilmer	1 vacancy
Gordon	1 vacancy
Habersham	1 vacancy
Hall	Ms. Patricia Davalos, Ms. Marty Owens & 1 vacancy
Haralson	Ms. Paula Liles
Hart	1 vacancy
Lumpkin	Ms. Sara Cohen
Murray	Ms. Barbara Flatters
Paulding	Mrs. Jenine Dabbs & 1 vacancy
Pickens	Ms. Susan Bourke

Polk	Ms. Sandra Galloway
Rabun	Ms. Suzann Love
Stephens	Ms. Daphene Paxton
Towns	1 vacancy
Union	Ms. Mary Arnold
Walker	Ms. Joyce Frasier-McNish
White	Ms. Jane Grillo
Whitfield	Ms. Sibyl Benson & Ms. Mary Snipes

3. DESCRIPTION of REGION

Region One covers 31 counties of Northwest and Northeast Georgia with a total population of approximately 2.5 million people, according to the 2010 U.S. Census Bureau. Northwest Georgia Regional Hospital, located in Rome, was the designated state DBHDD hospital for the Northern Counties of Region One. Adults with high acuity are served in Crisis Stabilization Programs (CSP) that are operated by Community Service Boards (CSB). Children and adolescents who have high acuity are served in CSP's in Greenville and Atlanta. The demographic diversity is increasing in pockets of the region and several counties continue to experience growth.

Demographic information from the U.S. Census Bureau, 2010 County Population Estimates, indicates that the Hispanic/Latino population makes up more than 10% of the following counties' overall population: Whitfield (31.2%), Hall (27.2%), Gordon (14.6%), Habersham (12.1%), Polk (12.1%), Cobb (12%), Murray (11.9%), and Gilmer (10.8%).

According to data from the 2010 U.S. Census Bureau, at least 25% of the population in 27 counties has annual income less than 200% of poverty level, indicating a large number of citizens eligible for services provided through the Public sector. Fifteen of the thirty-one counties have total populations of less than 30,000 people which present challenges to efficiently locate offices in all counties.

4. ASSESSMENT of REGIONAL NEEDS

Stakeholders from Region One are working to design a service system that will adequately provide the services and supports needed by the core customers of the Department of Behavioral Health and Developmental Disabilities. Those services and supports include housing, transportation, employment, and physical health care as well as other resources, both public and private, that have a significant impact on the mental health of consumers. The vision for that system of care includes an array of services that are responsive, flexible, comprehensive, effective, accessible, integrated, and which incorporate evidence-based practices. There must be a strategy that seeks to maximize the utilization of existing resources, while informing officials of the unmet needs.

The Region One Planning Board values and is committed to the design of a community-based comprehensive spectrum of mental health, developmental disability, addictive disease and support services that will allow consumers to live their lives as free as possible of the disabling effects of these conditions. The region will focus on promoting choices for consumers within a network of providers that concentrate on recovery and maximum potential considering a participant's unique strengths and abilities. The goal is to enhance the quality of life for all individuals who receive services from or funded by DBHDD.

To assist in identifying needs and priorities for the fiscal year 2013 planning process, Board members received information from county commissioners, law enforcement, public officials, community members, participants, families, and the general public in their respective counties. The Regional Office received feedback from providers, and bi-monthly board meetings served as a venue for the public and providers to share information with the Board. Use of the 2010 Georgia County Guide and the 2010 United States Census information were also important in assessing needs.

5. REGIONAL PLANNING BOARD PRIORITIES

A. PRIORITIES COMMON TO ALL DISABILITIES

Target Population(s):

Children and Adolescents with Severe Emotional Disturbance, Adults with Serious Mental Illness, Persons with Developmental Disabilities, Adults with Addictive Diseases, Adolescents with Addictive Diseases, Individuals with Co-occurring Disorders.

Service Priority 1:

Resource coordination, access, and regional oversight to services.

Rationale:

Improving resource coordination, access, and regional oversight to all services across the region continues to be a frequent request. Barriers voiced include: lack of funding to support resource coordination and access services within the region's public and private sectors for mobile crisis, rehabilitative, medical and other services such as Faith Based, Older Adult, Brain Injury, and Veterans services, inadequate funding to maintain program infrastructure, limited transportation, facilities and programs at capacity or closing, public awareness of how to access services, the waiting time between appointments and treatment, the waiting time for transition out of the school system into the DBHDD system for DD individuals, need for increased oversight at the regional level and restrictive funding streams that inhibit a seamless service system. Addressing these issues will not only improve the quality of community services but will also reduce potential admissions to the state hospital and result in more efficiency. Due to the vast disbursement of the

population and geographic area, a standard for accessing core services in time or distance is needed to better locate services.

Service Priority 2:

Additional funds are needed to develop residential supports (independent, semi-independent, intensive, transitional and respite) living opportunities for individuals who have been successful in structured housing environments or who have been unable to secure permanent housing due to lack of income and who are in need of affordable independent housing.

Rationale:

This continuum of care will address the individual's needs through the provision of a more stable living environment with access to the appropriate level of care. This will also help to reduce hospitalization at Georgia Regional Hospitals, state funded psychiatric beds and Crisis Stabilization Programs (CSP), and Psychiatric Residential Treatment Facilities (PRTF). It should also decrease recidivism and incarceration of persons with mental illness, addictive diseases, developmental disabilities and co-occurring disorders.

Service Priority 3:

Improve transportation services throughout the region.

Rationale:

The current contracted transportation companies lack the necessary routes and flexibility to meet the needs of individuals throughout their community. As many providers are closing satellite offices, transportation is even more critical. Many companies are limited to specific county boundaries and do not provide the individuals with the ability to access services from alternative providers. There are also serious limitations in their capacity to accommodate changing routes due to time constraints of existing driver schedules, as well as numerous safety factors that limit those with extenuating challenges from participation in this mode of transportation. Access to appropriate transportation in the rural counties are even more negatively impacted. This results in undue hardships to families in maintaining other responsibilities and compromises their ability to effectively utilize service opportunities for those with disabilities.

Service Priority 4:

Increase access to Psychiatric/ Psychological and medical services.

Rationale:

Improving access to medical assessments can deter psychiatric decompensation. This could reduce the hospital and jail census of DBHDD individuals by addressing their emotional and medication needs in the community. Improving access to psychiatric and psychological services can improve evaluation and assessments and result in better treatment planning and reduce hospitalization and/or incarceration.

Service Priority 5:

Develop and/or increase Intensive Outpatient Treatment Services or other evidenced based programs such as Assertive Community Treatment (ACT), Case Management and Community Support teams, Intensive Family Intervention (I.F.I) services for individuals discharged from Georgia State Funded Psychiatric Hospital Beds and/or Crisis Stabilization Programs and who need the structure and support to effectively transition to community living.

Rationale:

Intensive Outpatient Treatment Services could reduce the hospital and jail census of DBHDD individuals by addressing their needs and supporting them appropriately in the community. This type of support would contribute to the teamwork necessary to maintain a seamless system of care and to ensure people are served in the least restrictive environment.

According to SAMHSA, intensive outpatient treatment is a valuable, cost-effective, and clinically effective segment of the continuum of care for addictions, chronic mental illness as well as others. Intensive outpatient treatment programs can effectively treat a wide variety of patients who were previously considered treatable only in an inpatient setting, and have several clinical and consumer advantages. The cost is often less than that of inpatient treatment and patients can continue to function in already-established roles with minimal disruption to work and family life. Individuals who participate in treatment within a therapeutic setting while returning daily to their home environment can practice relapse prevention techniques in the milieu in which they live.

Service Priority 6:

Expand Jail Diversion programs to reduce the number of individuals with disabilities being incarcerated when their needs can be more appropriately managed in a community based setting.

Rationale:

This will help reduce the criminalization of the individuals with disabilities, get people into treatment rather than incarceration and/or expensive hospitalizations at State Regional Hospitals and better serve individuals in their local communities.

By increasing the number of Mental Health and Drug courts, CIT training for “First Responders”, maximizing BHL Mobile Crisis, emergency respite options and intensive outpatient treatment the hospital and jail census and DJJ census will reduce .

Service Priority 7:

Strengthen the “First Responders” (Police and Fire) awareness thru training regarding mental health, substance abuse and developmentally disabled individuals.

Rationale:

Training, such as Crisis Intervention Training (CIT) will provide “First Responders” with alternative options to criminal incarceration for individuals in crisis. This could reduce the hospital, jail and DJJ census of DBHDD consumers by addressing their needs and supporting them in the community.

Service Priority 8:

Strengthen the skills of the expanded Provider Pool through licensure requirements, more training, and better pay.

Rationale:

Supporting the Provider Pool through licensure requirements, more training and better pay will benefit the participant in strengthening their own skills to live in their community. Providers will have consistent staff that is able to increase their own skills working with diverse and more challenging individual needs.

Recommended Training for Providers
1) Clinical Skills and Documentation
2) “Inclusive” treatment planning
3) Customer Service
4) Community Education
5) Co-Occurring Disorders
6) Use of BHL Georgia Crisis and Access Line
7) Juvenile Offenders
8) Sexual Reactive Offenders
9) Self Directed Budgets
10) Financial Support Training (Acumen)
11) Support Coordination
12) Clinical Issues for DD Individuals on Forensic Units
13) Cultural Competency Training

Service Priority 9:

Develop community-based programs and residential alternatives to address sexual reactive treatment issues.

Rationale:

With appropriate programming, utilizing proven therapeutic interventions accompanied by appropriate residential options, supervision and community education, many of these individuals may avoid reoffending and develop socially appropriate behavior.

Service Priority 10:

Increase funding to meet the need of our indigent population requiring medications.

Rationale:

Additional funds are needed to support the mental health indigent with medications during the period that providers apply with pharmaceutical companies for “free medications” for the

individual. A greater need for this funding will take place as insurance companies and Medicare/Medicaid restricts the coverage for the “new psychotropic medications”.

B. CHILDREN & ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE (SED) & ADDICTIVE DISEASES

Service Priority: 1

Improve and/or increase Transitional services for young adults (21+) by increasing independent living programs and supported employment opportunities for those transitioning out of Intensive Residential Placements (PRTF) and Foster Care who are “unable” to return home as well as individuals who choose to live more independently .

Rationale:

Currently, there are limited options for young adults as they transition out of a PRTF and Foster Care programs and leave the family home. Supportive employment programs are necessary to develop and maintain employment opportunities.

Service Priority 2:

Expand high fidelity wrap around services to all 31 counties and Intensive Family Intervention (I.F.I) services, Case Management and other evidence based practices to reduce out of home placements.

Rationale:

In the attempt to prevent out of home placements, programming must be put in place to be more flexible and responsive to the individuals’ needs in their communities. Quality programming utilizing proven therapeutic interventions can provide effective services to the youth and their families within their own homes, schools and community resources.

Service Priority 3:

Intensive outpatient treatment for substance abuse.

Rationale:

According to SAMHSA, intensive outpatient treatment is a valuable, cost-effective, and clinically effective segment of the continuum of care for Alcohol and Other Drugs (AOD) use disorders. Intensive outpatient treatment programs can effectively treat a wide variety of individuals who were previously considered treatable only in an inpatient setting, and have several clinical and individual’s advantages. The cost is often less than inpatient treatment and individuals can continue to function in already-established roles with minimal disruption to work and family life. Individuals who participate in treatment within a therapeutic setting while returning daily to their home environment can practice relapse prevention techniques in the milieu in which they live.

Service Priority 4:

Recruit Providers who specialize in Substance Abuse Services.

Rationale:

Specialized treatment programs to address the diversity of substance abuse in science based prevention programs can reduce the risk factors and increase the protective factors of children and adolescents, particularly when these programs are introduced early and are consistently reinforced.

C. ADULTS WITH SERIOUS MENTAL ILLNESS (SMI) & ADDICTIVE DISEASES

Service Priority 1:

De-stigmatize need for inpatient long term care for the Seriously Mentally Ill (SMI) individuals by educating community stakeholders.

Rationale:

Through community education, stake holders should accept and embrace the decrease use of State Funded Hospitals by increasing services in the community.

Service Priority 2:

Increase the number of providers who provide substance abuse treatment services in residential settings.

Rationale:

There are many individuals with substance abuse issues, who need the structure and supervision provided in a residential setting in conjunction with substance abuse treatment.

Service Priority 3:

Recruit Providers who specialize in Substance Abuse Services.

Rationale:

Specialized treatment programs to address the diversity of substance abuse with science based prevention programs can expand the availability of effective treatment and recovery services for alcohol and drug problems.

Service Priority 4:

Establish services designed for geriatric patients.

Rationale:

As the population ages, services need to be specialized to address the needs of the people with mental illness. This includes inpatient programs and day supports.

Service Priority 5:

Preventative Services for probationers and parolees.

Rationale:

Fund for Transition and Aftercare for Probationers and Parolees (TAPP). This transition program can reduce the hospital and jail census of MH/AD individuals by addressing their needs and supporting them in the community and reduce recidivism.

Service Priority 6:

Increase Peer Support and Peer Mentoring opportunities.

Rationale:

The provision of this evidenced based practice, will contribute to assisting individuals with community integration with local resources through peer-to-peer assistance. Increased Peer Support services which offer an array of skill building activities that are developed and led by peers will effectively support achievement of the individual's rehabilitation and recovery goals.

D. PERSONS WITH DEVELOPMENTAL DISABILITIES**Service Priority: 1**

Improve and/or increase Transitional Services for young adults (18-22) on the planning list by increasing funding for independent living programs, community access and supported employment opportunities for those transitioning out of school as well as individuals who choose to live more independently.

Rationale:

As of January 31, 2011; approximately 170 young adults on the planning list will be transitioning out of school in the next 12 months. There are very limited options for young adults as they transition out school and leave the family home. Increased funding is necessary to provide Community Living Arrangements, Community Living Services, Community Access and Supported Employment.

Service Priority 2:

Increase the number of Supported Employment providers and programs with viable work/employment opportunities in order to afford more choices and options, for individuals on the planning list.

Rationale:

Providers need to develop employment opportunities for individuals with developmental disabilities within the geographic accessibility of the Region. Individuals are in need of more choices of types of programs for Supported Employment, especially in rural areas and for individuals finishing high school.

Service Priority 3:

Increase the number of Support Coordination staff, DD providers and programs especially for individuals in rural areas in order to afford individuals more choices and options.

Rationale:

Many areas in the region have limited access and/or choice for program options. Individuals are in need of more access and choices of centers and types of programs and more support coordination. Additionally, many current providers are at their physical capacity and will not be able to accommodate the increasing number of students graduating from special education programs throughout the region.

Service Priority 4:

Additional funding for participants who have been identified as needing Community Living Services (CLS) and Community Residential Alternatives (CRA) and are on the short term planning list.

Rationale:

As of January 31, 2011, there were 301 individuals on the short term planning list for Community Living Services and 236 individuals on the short term planning list for Community Residential Alternative services. The Planning Board recommends increasing the funding over a three-year period. According to the Georgia Unlock the Waiting Lists proposal paper of 2005, at least 60% of adults with developmental disabilities live at home. According to the 2009 report from the Georgia Council on DD, there are over 17,000 adults with developmental disabilities living with caregivers over the age of 64. Also on that report, it was noted that Georgia is one of the top ten fastest growing states in the country and has one of the top ten fastest growing aging populations. The aging of our society at large and the increased longevity of persons with developmental disabilities require more resources as the need for residential services and in-home personal supports grows.

Service Priority 5:

Additional funding for individuals who are on the short and long term planning lists who have been identified as needing Community Access (CA) services.

Rationale:

As of January 31, 2011, there were 742 participants on the short term planning list and 730 participants on the long term planning list identified as needing Community Access Services. It is recommended that additional state funds needed to match Medicaid be added in three year increments. This would allow movement of this number of participants from the planning lists

into services. This additional funding allocated over the designated time period will address the needs of the current planning lists in Region One and prevent delay as individuals graduate from the school system and require services from the DBHDD system.

Service Priority 6:

Increase options and availability of respite and emergency respite services.

Rationale:

Increased respite support options gives the individual and/or family an opportunity to strengthen before it breaks and increases the potential to prevent crisis that often leads to premature out-of-home placements, which is a much more expensive service to render.